

Not only has he, obviously, done a good job when he was in the role of being a leader for our political party committee, which involved fundraising, but he has always been an ardent supporter of campaign finance reform at the same time. He knows very well because he was involved.

The fact that people do not have a lot of money can keep them out of politics. It almost kept me out of politics. That is the reason I got involved in this issue in the first place. I certainly was not aware of what soft money was at that time.

In answer to the Senator's question, this clearly is not comprehensive reform; Shays-Meehan is not comprehensive reform. But when we get to the point of simply banning soft money, we should take the opportunity.

In specific answer to his question about what happens when these amendments come up, all I can do is tip my hat and say let's follow the example of the other body which, on two occasions, has shown us what to do.

You have to be willing on some occasions to vote against a good amendment in which you believe—I am even prepared, if necessary, to vote against a bill that has my name on it—if you believe the reason for putting that amendment on is to destroy the chance to pass a reasonable and appropriate bill. They had to do that in the House. Members had to vote against amendments that had to do with disclosure, almost an indisputable principle. They had to vote against other amendments they liked very much in order to make sure they could pass a reasonable bill, such as the Shays-Meehan bill, that included a number of important provisions.

We have to be ready to do the same thing. I believe in some cases, I say to the Senator from Nebraska, the amendments that will be offered will be helpful and do not threaten our ability to win, but in some cases I think they are poison pills and we need to work together to defeat them. I am confident we have a majority of people in this body who are reformers and understand the importance of taking the vote you have to take in order to win this battle.

Mr. KERREY. The Senator is very kind to say I have always been a supporter. Actually I have not always been a supporter. When I came to the Senate in 1989, this was not a very important issue. Indeed, at one point, I joined the Senator from Kentucky, Mr. McCONNELL, to defeat campaign finance reform.

Then I had the experience of going inside the beast in 1996, 1997, and 1998 when I was Chairman of the Democratic Senatorial Campaign Committee—I do not want to raise a sore subject for the Senator from Maine. It changed my attitude in two big ways: One, the apparent corruption that ex-

ists. People believe there is corruption. If they believe it, it happens. We all understand that. If the perception is it is A, it is A even though we know it may not be, and the people believe the system is corrupt.

Equally important to me, I discovered in 1996, 1997, and 1998 that there are men and women who would love to serve. They say: I can't be competitive; I can't possibly raise the money necessary to go on television; oh, and by the way, my reputation could get damaged as a consequence of what could be said on television against me.

I am persuaded this law needs to be changed for the good of the Republic, for the good of democracy. I hope Members, such as myself, who are enthusiastic about changing that law will take the advice of the Senator from Wisconsin and the Senator from Arizona to heart because we may have to vote against things we prefer in order to make certain we get something that not only we want but the Nation desperately needs.

Mr. FEINGOLD. Mr. President, if I can respond briefly, I cannot think of a more helpful remark than what the Senator from Nebraska just said. What he is talking about—and this is his nature—is to actually get something done. Not just posture but actually accomplish something. I am grateful because that is the discipline we are going to need when we start voting next week.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. I thank the Chair. I thank the Senator from Maine for her thoughtfulness.

MEDICARE COVERAGE FOR PRESCRIPTION DRUGS

Mr. WYDEN. Mr. President, I want to take a few minutes to talk about the effort I have launched with the other Senator from Maine, Ms. OLYMPIA SNOWE, around the only bipartisan effort now before the Senate to get Medicare coverage for prescription drugs for the Nation's senior citizens.

As my colleagues can see in this poster next to me, Senator SNOWE and I are urging that senior citizens send in their prescription drug bills to Members of the Senate in Washington, DC, to help show how important it is we address this issue in a bipartisan way for the millions of vulnerable elderly people.

Here are a few of the prescription drug bills I have received from senior citizens from my home area in the Pacific Northwest. I will take a few minutes this afternoon on behalf of Senator SNOWE and myself to talk about why this bipartisan issue is so very important.

Let me read from a letter sent October 1 from an elderly woman in Lebanon, OR. She said:

Please find enclosed a copy of the prescription costs for the past 6 months. As you will note, the average cost each month is \$236.92 without the over-the-counter medications I must take. Please make use of these figures any way you can in your effort to obtain prescription coverage for those of us receiving Medicare. I'm 78 years old and doubt if I will see the time prescriptions are a covered item. However, keep fighting for the next generation.

I want to tell this older person in Lebanon, at home in Oregon, that we are going to be fighting for her. We are not going to wait until the next generation to get older people the coverage they need. To think that this Congress would say it is not critical to help this kind of vulnerable, elderly woman isn't acceptable to Senator SNOWE and me. We have a market-oriented approach, one that can hold down the costs of prescription medicine for the Nation's senior citizens.

On the basis of these bills that are being sent now to Senator SNOWE and me, I think we can show this Congress that the time to act, in a bipartisan fashion, is now and not after the next election or the next election after that.

Let me read from another letter I received on September 29 of this year from a gentleman, an elderly gentleman, in King City, OR. He said:

I am a constant user of inhalant. Two uses per day come to \$839.80.

Imagine that, two uses a day: \$839.80. And he says:

Fortunately, I drove a Chevrolet when my friends were driving Cadillacs and our family vacations were spent in the United States, not the South Seas, so I'm able to carry the load, at least for a while.

The annual cost of this prescription medication for this older person in King City, at home, is \$30,600. It equals what it would cost to stay in a nursing home.

I am just hopeful that with more examples like this, where senior citizens send to Senator SNOWE and me copies of their prescription drug bills, we can win bipartisan support for this legislation before the end of this session.

Let me cite a third letter I received at the beginning of October. This is from an elderly woman—it came just a few days ago—whose Social Security income is \$1,179 a month. She spends \$500 of her monthly income of \$1,179 on prescription drugs. She is taking Fosamax. That is a drug that costs \$179 a month. She is taking Prilosec. It costs \$209 a month. And she is taking Lescol, which costs \$112 a month. So it takes \$500 a month from the monthly income of \$1,179 of an elderly woman in the Pacific Northwest.

Mr. President and colleagues, these bills that are being sent to Senator SNOWE and me do not lie; they tell the whole story. We are going to do everything we can to ensure that Congress acts on this matter, in a bipartisan way, in this session of Congress.

Just this week, I saw a story in one of the publications saying there was

not a consensus around this issue. Senator SNOWE and I got 54 votes—a majority in the Senate—to join us in a funding plan for a prescription drug program. I am of the view that we cannot afford not to cover prescription drugs because so many of these prescription drugs today help to lower blood pressure and cholesterol and keep folks well.

What Senator SNOWE and I are proposing is a market-oriented approach. It is based on the model that is used for Federal employees. It is market driven. It has choices. We would not see the kind of price-control approach that is being advocated by some. I am very opposed to that kind of price-control orientation because what will happen is, if you just try to control prices for Medicare drugs, the costs will all be shifted to somebody else.

Senator SNOWE and I do not want to see a divorced mom at the age of 27, with a modest income and two kids, have to pick up all the extra costs. So we are going with a market-oriented approach. I hope that in the days ahead, as a result of bills such as this, and others that I know are being sent to our colleagues—and the campaign we have launched here on the floor so that seniors will, as this poster says, send in copies of their prescription drug bills—we can show the people of this country that we are not going to wait until the next election or the election after that; we are going to find a way to come together now to do the job we were elected to do, which is to work in a bipartisan way.

Unfortunately, that did not happen this week on the Comprehensive Test Ban Treaty. I wish it had. I am anxious to work with the Presiding Officer and my colleagues on the other side of aisle. We can do it on prescription drugs. We can do it on an issue that is foremost in the minds of millions of our families and our seniors.

We have 20 percent of the Nation's older people spending more than \$1,000 a year out of pocket on their prescription medicine.

I described this afternoon an elderly woman with a monthly income of \$1,179, who every month spends more than \$500 on prescriptions. Let's show seniors such as that elderly woman who wrote from the Willamette Valley in my home State of Oregon that we can act now. She was skeptical. She has heard all the oratory and all the partisan rhetoric on this issue, and she is understandably skeptical.

Senator SNOWE and I are trying to mobilize a bipartisan coalition in this Senate to act in this session so that older people can get decent prescription drug coverage under Medicare. We should not wait until the next election. We were elected to act now and to act in a bipartisan way.

I hope, as a result of this short statement today, that additional older peo-

ple, as this poster says, will send us copies of the prescription drug bills with which they are faced.

Senator SNOWE and I intend to be back on this floor again and again and again through this session of Congress until we get action. We will be talking about it next week, and we are going to talk about it the following week and the week after that. It is not right to wait on an issue such as this that is so pressing to vulnerable older people such as those who have written me the letters I have described today.

I am very grateful to my colleague, the other Senator from Maine, who, by the way, has a long record of being an advocate for consumer issues as well. And she knows how much I enjoy working with her. I thank her for this courtesy this afternoon.

Mr. President, I yield the floor.

Ms. COLLINS addressed the Chair.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. First, I thank the Senator for his kind comments and for bringing to the Senate's attention a very important issue.

I ask unanimous consent that the Senator from Kansas and I be allowed to proceed in morning business in a colloquy for as much time as we may consume.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Ms. COLLINS. Thank you, Mr. President.

HOME HEALTH SERVICES

Ms. COLLINS. Mr. President, Senate Republicans are committed to enacting legislation to preserve, strengthen, and save Medicare for current and future generations. In addition to addressing the long-term issues facing Medicare, it is absolutely critical that this Congress also take action this year to remedy some of the unintended consequences of the Balanced Budget Act of 1997, which have been exacerbated by a host of ill-conceived new regulatory requirements imposed by the Clinton administration.

These problems are the subject of the issue my colleague from Kansas and I wish to address today, for these problems are jeopardizing access to critical home health services for millions of our Nation's most vulnerable and frail senior citizens.

America's home health agencies provide invaluable services that have enabled a growing number of our vulnerable senior citizens to avoid hospitals, to avoid nursing homes, and receive the care they need and want in the security and privacy of their own homes—right where they want to be.

In 1996, however, home health was the fastest growing component of the Medicare budget, which understandably prompted Congress and the Clin-

ton administration to initiate changes that were intended to make the program more cost effective and efficient. There was strong bipartisan support for the provisions that called for the implementation of a prospective payment system for home care. Unfortunately, until this system is implemented, home health care agencies are being paid under a critically flawed interim payment system known as IPS, that penalizes those home health agencies that historically have been the most cost effective.

Mr. ROBERTS. Mr. President, will the Senator from Maine yield to me for a question?

Ms. COLLINS. I am happy to yield to my colleague.

Mr. ROBERTS. For all of those who are listening and watching this debate, I thank the distinguished Senator from Maine for her—I wrote it down—untiring, persevering, never-give-up leadership with regard to this effort to resolve our problems with HCFA. What an acronym. We have all heard of Peter and the dike. This is Susan at the dam, the HCFA dam. In fact, we could probably turn that around in regard to what is happening.

I want to ask a question. Do you mean this new interim payment system—and we will go through this in some detail. I want folks to remember interim payment system, IPS. That is the acronym. Everything has to be an acronym in Washington. I don't call it IPS. I call it the "IPS mess". It not only rewards but actually penalizes the home health care agencies for their past, not bad behavior but good behavior: is that right?

Ms. COLLINS. Unfortunately, that is exactly right. Unbelievable though it may seem, the formula that is being used actually penalizes those agencies in our two States that have done a good job of holding down costs. It rewards those home health agencies that have provided the most visits, that have spent the most Medicare dollars. It is totally backwards. In fact, home health agencies in our two regions of the country, the Northeast and the Midwest, are among those that have been particularly hard hit by this inexplicable formula, the IPS, that the Senator just mentioned.

The Wall Street Journal observed last year—this could be said of agencies in the Midwest as well—that if New England had just been a little greedier, its home health agencies would be a whole lot better off now. Ironically, the regions, yours and mine, are getting clobbered by the system because they have had a tradition of non-profit community service and efficiency.

Even more troubling—and I commend the Senator from Kansas for his leadership on this issue; I know this troubles him as well—is the fact the flawed system is restricting access to care for the